## HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND RETIREE RATES EFFECTIVE JULY 1, 2009

				Total
	Type of			Contribution
Benefit Plan	Enrollment	Premium	Admin Fee	
MEDICAL PLANS - MEDICARE			1	110 quii 0 ui
Effective 7/1/09 to 10/31/09				
	Self	\$149.65	\$2.13	\$151.78
EUTF PPO Medicare (HMA)	Two-Party	\$291.40	\$4.50	\$295.90
	Family	\$432.07	\$6.57	\$438.64
EUTF PPO Medicare (HMSA)	Self	\$156.24	\$2.14	\$158.38
	Two-Party	\$304.23	\$4.49	\$308.72
	Family	\$451.09	\$6.57	\$457.66
	Self	\$179.35	\$0.61	\$179.96
Medicare Prescription Drug (NMHC)	Two-Party	\$349.23	\$1.29	\$350.52
	Family	\$517.81	\$1.87	\$519.68
	Self	\$248.28	\$2.76	\$251.04
Kaiser Medicare HMO Prescription Drug	Two-Party	\$484.16	\$5.78	\$489.94
	Family	\$717.52	\$8.44	\$725.96
MEDICAL PLANS - NON MEDICARE		<b>V. 11.02</b>	1	ψ, 20.00
MEDICAL PLANS - NON MEDICARE  Effective 7/1/09 to 10/31/09				
Effective 7/1/09 to 10/31/09	0.11	40.40.00	20.40	<b>***</b>
EUTF PPO Non Medicare (HMA)	Self	\$312.63	\$2.13	\$314.76
	Two-Party	\$608.87	\$4.49	\$613.36
	Family	\$902.75	\$6.57	\$909.32
EUTF PPO Non Medicare (HMSA)	Self	\$322.72	\$2.14	\$324.86
	Two-Party	\$628.54	\$4.50	\$633.04
	Family	\$931.91	\$6.57	\$938.48
Non Medicare Prescription Drug (NMHC)	Self	\$139.78	\$0.62	\$140.40
	Two-Party	\$272.24	\$1.28	\$273.52
	Family	\$403.63	\$1.87	\$405.50
Kaiser Non Medicare HMO Prescription Drug	Self	\$493.16	\$2.76	\$495.92
	Two-Party	\$961.64	\$5.78	\$967.42
	Family	\$1,425.20	\$8.44	\$1,433.64
DENTAL PLAN				
Rates through 12/31/09			<u> </u>	
HDS Dental	Self	\$29.88	\$0.30	\$30.18
	Two-Party	\$58.32	\$0.66	\$58.98
	Family	\$71.28	\$0.94	\$72.22
VISION PLAN				
Rates through 12/31/09				
VSP Vision	Self	\$4.36	\$0.06	\$4.42
	Two-Party	\$8.72	\$0.12	\$8.84
	Family	\$11.70	\$0.18	\$11.88
LIFE INSURANCE			Ì	
Rates through 12/31/09				
Standard Life Insurance (Retiree only)	Self	\$4.12	\$0.04	\$4.16
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